

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039541

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 233

Primary Registration District No. 4343

Registrar's No. 126

FILED OCT 18 1962

## 1. PLACE OF DEATH

a. COUNTY

Montgomery

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN New Florence MoLength of stay in 1b  
40 yrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION HomeInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY Montgomery

c. CITY OR TOWN New Florence Mo

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
noneReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Mamie

Middle

Myrtle

Last

Civey

4. DATE OF DEATH

Month

Oct

Day

8-

Year

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1-22-1881

## 9. AGE (last birthday)

81

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

State of Kansas

12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

David Calvin

## 13b. MOTHER'S MAIDEN NAME

Mayme Mc Williams

## 14. NAME OF HUSBAND OR WIFE

Auther Civey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Mrs Alberta Zweifel New Florence Mo

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute Distention Rt. Ventricle of Heart

## INTERVAL BETWEEN ONSET AND DEATH

small

Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.

## DUE TO (b)

Chronic Myocarditis

5 yrs.

## DUE TO (c)

Carcinoma of ascending Colon?

8

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-15-57 to 10-8-62 and last saw her alive on 10-8-62  
Death occurred 8:45 am on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

New Florence Mo

## 22c. DATE SIGNED

10-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Oct 10-62

## 23c. NAME OF CEMETERY OR REPOSITORY

New Florence

## 23d. LOCATION (City, town, or county)

New Florence Mo

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

C W Hopkins Montgomery City Mo

10-10-1962

Laura B Callaway

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 0700

2 0700

3

4 1

5 1

6

7 1

8 0

9 4222H

10

11

12 90-0

13 2-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by on the 8th Oct 1962, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

C. Hopkins

Licensed Embalmer No.

1484

P. O. Address

Montgomery City, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.